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TB CARE I

TB CARE I - Nigeria OP

**Year 2
Quarterly Report
April-June 2012**

July 30, 2012

Quarterly Overview

Reporting Country	Nigeria OP	Technical Areas	% Completi
Lead Partner	KNCV	1. Universal and Early Access	43%
Collaborating Partners	FHI, MSH	2. Laboratories	29%
Date Report Sent	30-Jul-12	4. PMDT	35%
From	Gidado Mustapha	6. Health Systems Strengthening	0%
To	Temitayo Odusote	7. M&E, OR and Surveillance	25%
Reporting Period	April-June 2012	Other: APA 1 activities	78%
		Overall work plan completion	26%

Most Significant Achievements

- Major highlights for the quarter has been the commencement of PCA activity including sensitization of stakeholders in the selected states (Ogun and Osun States) as well as the control State (Ekiti) and Ethical approval for the activity has been received from the national ethics committee.
- 40 DOTS and 20 Laboratory centers were established PPM sites in 2 States (Kano and Benue). trainings were conducted in the States for a total of 78 GHCWs (49M;29F) and 29 laboratory staff (19M;10F). These sites were linked to the States TBLCP for effective implementation, however laboratories are awaiting supplies of microscopes.
- TB CARE I supported the coordination of the implementation of GeneXpert/NTB Rif by all partners/stakeholders during the quarter, to ensure strategic expansion and, utilization of standardized R&R and training materials. The meetings provided opportunity for efficient assessment, utilization and distribution of cartridges. Though TB CARE I has taking delivery of 4 new GeneXpert machines, States for expansion were identified and currently being assessed for installation and training in July and August.
- As part of TB CARE I support for strengthening M&E system, mentoring visits were conducted to five challenged states within the quarter, follow-up visits are schedule for July/August.
- Up stream support was provided to NTP in the organization and conduct of the State program managers retreat. The meeting took place from April 26-27th in Ijebu-Ode. The meeting discussions centered on DR TB especially on the need for referral for diagnosis and enrollment for treatment at designated center. The role of program officers for patients management was also discussed, especially for patients discharged for ambulatory treatment. The NTBLCP was requested to put place a mechanism of providing appropriate orientation/training for all facility and community health workers that will be involved in providing care for DR-TB patients.
- TB CARE I also provided technical assistance to the TB/HIV strategic framework development workshop. The workshop has as its outcome a draft national TB/HIV strategic framework. TB CARE I supported NTP in the harmonization of DR TB R&R tools to aligned with GeneXpert/MTB Rif and global WHO and TB CARE I reportable indicators.. The tools were finalized and currently awaiting printing and distribution. Additionally TB CARE I supported the Nigerian Thoracic Society (NTS) conference on TB and other chest infection. The conference provided an opportunity for the NTP to update participants on TB programmatic approaches and the current management of MDR TB including the use of GeneXpert/MTB Rit. Similarly issues on childhood TB were discussed.
- Additionally, during the quarter, CTBC activities were implemented in some of the supported LGAs include community mobilization, sensitization and referrals by CVs. These activities were primarily led by the umbrella CBOs with support from FHI 360 staff. The community mobilization activities witnessed a sizeable turn out of the general population which provided the forum to educate them on TB and other related disease areas as well share information on available TB services within the LGA. Only a few LGAs held monthly M&E meetings within the quarter due to delayed project start up processes which affected implementation. 5 quarterly LGA management CTBC meetings were convened within the quarter with representation cutting across CTBC committee members, key traditional, religious and political leaders. On focus at these meetings were issues revolving around strengthening linkages with established TB microscopy and DOTS centers ultimately geared towards increased case detection, early diagnosis and treatment. In order to improve diagnosis and management of MDR TB cases, FHI 360 continued to mobilize resources towards completion of all renovation works and procurement of all equipment and supplies for Nigerian Institute of Medical Research Laboratory (NIMR) Lagos, University of Port Harcourt Teaching Hospital (UPTH), Rivers and Infectious Disease Hospital (IDH), Kano .
- The infection control equipment currently being procured for all supported treatment centers will help in instituting international standards of infection control while upgrade of MDR TB ward at Kano and the newly completed ward at Mainland Hospital will accommodate newly diagnosed MDR TB patients during the intensive phase of treatment. MDR TB Treatment has started in Mainland Hospital, Lagos following the commissioning by Honorable Minister of Health on 24th March, 2012. Prior to treatment start, refresher capacity building was conducted for staff through an exchange bench mark hands on training at DR TB treatment center at UCH, Ibadan facilitated by Damien foundation Belgium.

Overall work plan implementation status

In general activity implementation rate for the quarter was 26%. This is however thought to be greatly improved as most of the activities have taken place in the earlier part of July. This would however be reported next quarter .

Technical and administrative challenges

A major challenge was the insecurity in major parts of the country, affecting implementation of activities especially those of the mentor/mentee organizations. Those in the far North were not able to access funds and thus are yet to commence program implementation. Likewise its becoming increasing difficult to implement some other activities that were not already outsourced in challenged states especially, mentoring, supervision etc. There is a need to outsource implementation of such activities to partners or professional bodies operating within the challenged regions.

In-country Global Fund status and update

Quarterly Technical Outcome Report

Technical Area	1. Universal and Early Access							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y1		
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with TB services provided (Population/Patient Centered Approach)	1.1.3 Patients’ Charter is implemented Indicator Value: Score (0-3) based on definition	0	2011	yes	2012		1=Charter has been adopted by the NTP and is currently being translated	Translation to be concluded by the end of July for Igbo and Yoruba versions. The consultant for the Hausa translation is yet to be identified
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.1 Appropriate tools from the PPM Toolkit is implemented Indicator Value: Score (0-3) based on definition disaggregated by the tools selected by NTP.	NSA	2007	NSA: 3	2012		3 = NTP scaled-up the implementation of The Tool to additional type of service providers and or geographic areas with similar implementation plan mentioned above.	
	1.2.5 Percentage Annual Increase in Case Notification in selected PPM facilities Indicator Value: Percentage Level: Facility level Source: Clinic records Means of Verification: TB Register Numerator: Number of TB Cases Notified in the current year - Number of TB Cases Notified in the previous year times 100 Denominator: Number of TB Cases Notified in the previous year	NA	2011	15%	2012		MSH supported state (Kano) notified a total of 423 new smear positive TB cases from 10 sites giving a 33% case notification increase over the baseline figure of 318 cases in the previous quarter. The data for the indicator had never been reported. This serves as the first data received since the intervention.	The present security situation in the North Eastern part poses a serious challenge to the successful implementation of the program







Technical Area 2. Laboratories								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y1		
2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients	2.1.1 A national strategic plan developed and implemented for providing the TB laboratory services needed for patient diagnosis and monitoring, and to support the NTP Indicator Value: Score (0-3) based on definition.	1	2011	2	2012		1 = Laboratory strategic plan is ready but no annual implementation plan and budget available for the current year.	
2.3 Ensured optimal use of new approaches to the laboratory confirmation of TB and incorporation in national strategic lab plans	2.3.1 New technologies have been introduced Indicator Value: Number for each technique below by Central, Provincial, district and Peripheral levels (GeneXpert)	0	2011	16	2012		Thus far, KNCV has introduced and installed 9 Gene Xpert machines. We have also taken delivery of 4 new machines which are awaiting installation at the various sites	Sites are to be assessed in the next quarter for possible installation of the remaining machines
	2.3.3 Rapid tests conducted Indicator Value: Number of tests Numerator: Annual number of tests (separately for GeneXpert MTB/RIF and HAIN MTBDRplus) conducted disaggregated by national and TB CARE areas.	0	2011	9000	2012		A total of 453 rapid tests were carried out in Q1 Jan-Mar, 2012	Data for Q2, 2012 is being awaited. Data to be updated later . TB CARE I working aggressively to support NTP in establishing routine system for data collection from sites

Technical Area	4. PMDT							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y1		
4.1 Improved treatment success of MDR	4.1.2 MDR TB patients who are still on treatment and have a sputum culture conversion 6 months after starting MDR-TB treatment Indicator Value: Percent Numerator: Number of MDR TB patients in a cohort who are still on treatment and had culture conversion latest at month 6 (having had 2 negative sputum cultures taken one month apart and remained culture negative since) Denominator: Total number of MDR patients who started treatment in the cohort.	92% (23/25)	2011	91% (50/55)	2012		This is a national data. The last zonal review meeting did not hold and so the reports from the various treatment sites are still being awaited.	Data for the indicator will be updated at a later date
	4.1.4 MDR TB patients who have completed the full course of MDR TB treatment regimen and have a negative sputum culture Indicator Value: Percentage Numerator: Number of MDR TB patients in a cohort who completed a course of MDR treatment and who fit the WHO criteria for cure or completed treatment Denominator: Total number of MDR patients who started treatment in the cohort	NA	2011	70% (19/25)	2012		See previous	Data for the indicator will be updated at a later date





Technical Area	6. Health Systems Strengthening							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y1		
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components	6.2.3 People trained using TB CARE funds Indicator Value: Number of people Numerator: Number of people trained disaggregated by gender and type of training.	291	2010	425	2012		A total of 287 persons (M=169; F=118) were trained during the quarter. The trainings comprised TB DOTS expansion at PPM sites, trainings on intensified case detection and e-tb manager training for staff at treatment sites	





Technical Area	7. M&E, OR and Surveillance							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y1		
7.1 Strengthened TB surveillance	7.1.4 Percentage of planned mentoring visits performed Indicator Value: percentage Level: TBCARE I Source: reports mentoring visits and TBCARE I work plan Means of Verification: reports mentoring visits Numerator: number of mentoring visits performed Denominator: total number of mentoring visits planned	56% (9/16)	2011	80% (26/32)	2012		5 mentoring visits were conducted to 5 identified high challenged state during the quarter.	A major constaint is the availability of requisite program officers to form teams for te visit to the states
7.2 Improved capacity of NTPs to analyze and use quality data for management of the TB program	7.2.3 A data quality audit at central level has been conducted within the last 6 months Indicator Value: Yes/No	Yes	2011	Yes	2012		Planned for August	
7.3 Improved capacity of NTPs to perform operational research	7.3.1 OR studies completed and results incorporated into national policy/guidelines Indicator Value: Number (of OR studies and instances reported separately)	0	2011	2	2012		Planned for July 16th -27th. Thereafter the field studies will commence	











Quarterly Activity Plan Report










1. Universal and Early Access			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with TB services provided (Population/Patient Centered Approach)	1.1.1	Regional workshop PCA	KNCV	4,933	 100%	Nov	2011	The NTP has appointed a new Focal Person for this programme area (the former FP has left the NTP to work with a partner organization - there was no proper handing over of activities). A meeting has been planned for April 24th 2012 to discuss the planning of activity 1.1.1 to 1.1.5.
	1.1.2	Supervision PCA	KNCV	5,333	 0%	Sep	2012	Activity will commence after the conduct of the baseline survey by 1st week of August.
	1.1.3	Quote Light Tool	KNCV	18,147	 0%	Sep	2012	Activity will commence after the conduct of the baseline survey by 1st week of August.
	1.1.4	Costing Tool	KNCV	32,853	 30%	Sep	2012	A two day meeting was held with 22 participants (14M; 8F) from the identified state programs and Focal heads of facilities selected for the implementation of the PCA in Osun, Ogun and Ekiti States. The meeting was aimed at a) providing the state program and focal heads of facilities an understanding of the PCA strategy, b) identifying the facilities for the project implementation and; c) providing an understanding of the sampling methodology and the follow -on activities. As a follow on activity to the meeting, a proposal was submitted to the ethics review committee for approval for the baseline survey. The consultant is currently recruiting interviews and planing trainings.
	1.1.5	Patients Charter	KNCV	30,060	 30%	Sep	2012	The translation of the Yoruba and Igbo versions are currently ongoing and person for the Hausa translation is being identified. Translation would be completed by end of July. The use of the charter and the FGD would be conducted in August after the costing tool survey.
	1.1.6	TA Universal Access	KNCV	35,151	 100%	Feb	2012	During the Joint International Monitoring Mission Omer Ahmed Omer (KNCV Namibia) came to Nigeria and he focused on PMDT. The recommendations of the PMDT Group which he joined were: 1) Accelerate scale-up to meet the cumulative number of patients on treatment target as stipulated in the Nigeria DR-TB expansion plan 2) NTBLCP to convene high level meeting with the Governor of Lagos State to address nursing staff recruitments 3) Earlier discharge after sputum conversion following the new DR-TB guidelines 4) Expand PMDT referral system to other states following the roles and responsibilities of service providers as described in the DR-TB guidelines with supervisory treatment support from referring treatment center. a. An urgent need to strengthen MDR teams and designate MDR desk officer / contact person at State level b. NTP / State programs should consider building capacity of local CSOs to assist with follow up of MDR patients in continuation phase 4) In addition to the above, consider financial and social support activities in the GF Consolidated R9 phase 2 Grant. Ineke Huitema from KNCV HQ came to support a Training Impact Evaluation (a condition precedent of the Global Fund Renewal Process) from February 21st - March 2nd 2012. During the visit the following activities took place: 1) Finalization Training Impact Evaluation Protocol 2) Development Evaluation Tools 3) Organization Training of Trainers.





Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.1	National Strategic Assessment PPM	KNCV	3,200	0%	Feb	2012	This activity will join with activity 1.2.5 to commence from July.
	1.2.2	TA PPM	KNCV	23,133	100%	July	2012	This activity was conducted during the Joint International Mission and it was followed up with a Skype meeting to decide the best strategies for the PPM expansion in the current plan.
	1.2.3	Stakeholders meeting PPM	KNCV	18,169	100%	May	2012	All meetings held in collaboration with WHO. TB CARE I only supported additional stakeholders in most of the meetings with the exception of one State (Oyo where TB CARE I sponsored the whole participants). The PPM sites were selected by all stakeholders .
	1.2.4	Training PPM clinics	KNCV	170,232	35%	June	2012	78 Participants from 40 PPM sites were trained (M49; F29) from Kano and Benue States. The participants at the training were trained on DOTS, and the diagnosis of smear negative patients . As a follow on to the training, facilities are to be linked with NTP at LG area through the TBLS for their regular supplies and supervision. More training have however been conducted in the early part of July which would be reported next quarter
	1.2.5	Supervision PPM clinics	KNCV	23,040	0%	July	2012	To commence from July after the trainings and commencement of activities and continue in APA3
	1.2.6	Increased case detection (ICD)	MSH	104,531	50%	Sept	2012	Baseline assessments of 60 health facilities were carried out in 3 states namely, Kwara, Taraba and Akwa Ibom (20 from each of the 3 states). The assessments which were done in conjunction with the respective state TB control officers were conducted in all important units along the pathway of care for a TB patient including OPD, consultation room, laboratory, TB clinic, HIV/AIDS clinic and wards. Data were collected through desk review of facility records, interview with staff and patients. Baseline data on OPD attendance as well as TB suspects and case notification were collected in all 30 facilities. Similarly, advocacy visits were conducted to the facility management of 30 out of the 60 identified health facilities to introduce the SOP-approach for improving TB case detection, to explain the approach and determine roles and responsibilities. During the advocacy visit, facility TB/HIV teams were formed in each of the 30 health facilities. 60 monthly meetings of the facility TB/HIV teams were held in the facilities implementing SOP-approach for improving TB case detection (10 already existing facilities in Kano state for the months of April, May & June and the 30 new facilities in Kwara, taraba and Akwa Ibom states for the month of June)
	1.2.7	Development materials ICD	MSH	39,042	75%	Sep	2012	A workshop was held in May to update the SOPs and job aides for improving TB case detection. The various SOPs at the different units in the facilities were reviewed and updated. In addition, the SOP manual was also reviewed and edited. The procurement process for the printing of these documents have started. This will be completed before the end of September, 2012.




	1.2.8	TOT on ICD	MSH	71,793	 50%	Sep	2012	12 master trainers (3 females; 9males) were trained to facilitate the SOP-approach for improving TB case detection. The objectives of the training were: a) to develop a national pool of resources on SOP implementation; b) to develop master trainers that will cascade the training at state and LGA levels. The master trainers are currently cascading the training at state and LGA levels. 13 additional trainers will be trained before end of September 2012 to facilitate the step down training on SOP implementation.
	1.2.9	Training ICD	MSH	27,225	 35%	Sep	2012	A total of 120 health care providers(52 females and 68 males) from 20 health facilities were trained on SOP-approach for improving TB case detection. The objectives of the training were to: discuss and understand the SOP-approach for improving TB case detection ; to discuss the understand the SOPs used at various units for improving TB case detection and; to develop the framework for improving TB case detection in each facility. The facilities have commenced implementation of the SOP-approach for improving TB case detection.
	1.2.10	Supervision ICD	MSH	98,014	 35%	Sep	2012	20 supportive supervisions were carried out to facilities implementing SOP-approach for improving TB case detection. The supervisions were aimed at assisting the health care providers to carry out their tasks for the effective implementation of the SOP-approach for improving TB case detection. The health workers were supported to address the challenges that were identified during the supervision.
	1.2.11	Maintain CTBC activities	FHI	318,439	 35%	Sep	2012	FHI 360 within this reporting quarter carried out , community mobilization/sensitizations across 7 communities within 3 LGAs and they communities include -Liman Katangum, Durum, Kangere Communities in Bauchi LGA, Okpatu/Nachi/Umuabi communities in Udi LGA and Yar-kuruna community in Ilela LGA. The goal of the various exercises was to create the much needed awareness on community TB services in the different communities and open opportunities for increased access, referrals and linkages. At the end of the exercises, members of the participating communities left better informed of available TB services and more importantly understood the need to ensure early detection and minimise co - infection among households. Similarly, 5 quarterly LGA management committee meetings took place. The meeting provides the forum for deliberations on key burning issues impeding TB program implementation at all levels within the LGAs. Issues discussed by members of the committees include; project sustainability, effective implementation approaches as well as challenges encountered. Equally put forward for discussion were issues of effective resource mobilization with the aim of filling observed gaps and plans for improvement. Also addressed were community and facility level challenges reported by CVs and health care workers as well as recommendations for project improvement and continuity. Design of flow chart finalized by technical officers in M&E supported by Prevention, Care and Treatment technical team. Plans are in place to ensure speedy conclusion of all printing and distribution of M&E tools and flow charts to the 19 LGAs in the next quarter. Training slides developed in line with National CTBC guidelines. Trainings planned to hold within the next quarter will be focussed on achieving delivery of quality CTBC services in view of transition to 6 months TB treatment regimen by the National TB program. Plans concluded to roll out all community TB DOTS training for Health care workers within the supported LGAs.










	1.2.12	Adapt training curriculum CTBC	KNCV	7,715		0%	Aug	2012	Planned for Aug 2012
	1.2.13	Maintain collaboration TB Network	KNCV	72,000		50%	Sep	2012	The meeting was held between the mentor, mentee and ILEP partners and the work plan of the organisations and budget were finalized. The reporting system was agreed upon including the M&E framework. The organization have since commenced activities at the community level. CBOs & CV's have been sensitized, advocacy visits were conducted to SMOHs to ensure support for the program. Additionally one day sensitization meetings were also held with CBOs and Ward Development committee members identified by LIHOC (mentee) and PriHEMAC (mentor) organization in the various communities. The organizations thus far have only effectively worked for a month. In all, LIHOC reported a total of 15 TB suspects (M=7; F=9). Additionally 3 patients are receiving treatment with a staff counselor of LIHOC (M=1;F=2).
	1.2.14	Expand collaboration TB Network	KNCV	10,673		25%	Aug	2012	This activity is planned for August 2012.
						43%			

2. Laboratories			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients	2.1.1	Provision of microscopes	KNCV	57,563	 25%	Jul	2012	The labs were identified and staff from 20 were trained last quarter and from 40 sites will be train this July, awaiting supply of the microscopes from HQ.
	2.1.2	Training PPM labs	KNCV	96,312	 33%	Jun	2012	A total of 29 participants (M=19;F10) from 20 PPM labs in Kano and Benue were trained As a follow on to the training, the Laboratories just like the DOTS sites would be linked to NTP supply management system for lab reagents and other consumables and M&E system. More training have however been conducted in the early part of July which would be reported next quarter
	2.1.3	Supervision PPM labs	KNCV	5,760	 0%	July	2012	To commence from July after the trainings through ILEP partners
	2.1.4	TA Lab Network	KNCV	36,898	 0%	Aug	2012	Valentina A. and Obert K. coming in by 20th August for the Lab strategic plan workshop.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
2.3 Ensured optimal use of new approaches to the laboratory confirmation of TB and incorporation in national strategic lab plans	2.2.1	Coordination meetings GCAT	KNCV	8,640	 50%	Sep	2012	One meeting of the GCAT took place during the quarter bringing total number of meetings held to 2. The meetings provided opportunity for coordination of all partners implementing GeneXpert in country. Activities coordinated include selection of sites, commodity management and distribution.
	2.2.2	Expansion GeneXpert	KNCV	229,667	 75%	May	2012	The NTP in collaboration with all partners, identified six States for expansion(Kebbi, Katsina, Zamfara, Bauchi, Ondo and Akwa Ibom) based on the distribution of the existing Xpert sites supported by TB CARE I and other partners.4 machines and 2,880 cartridges were arrived, while we awaits arrival of 2 additional machines and cartriges.TB CARE I is awaiting arrival of 2 additional machines and 2120 cartridges to be delivered by HQ
	2.2.3	Logistics support GeneXpert	KNCV	8,000	 50%	Jun	2012	Activity is on going as the need arises
	2.2.4	Training GeneXpert	KNCV	12,427	 0%	July	2012	Assessment of selected sites is currently ongoing in preparation for installation and training. Planned for mid August for installation and training in all additional six sites
	2.2.5	Supervision GeneXpert	KNCV	26,000	 30%	Sep	2012	Teams of program and laboratory staff conducted supervisory visits to the 9 sites. The purpose of the visit was to assess the progress in the utilization of the Gene Xpert machine by the respective TB programs in the states. The team provided on the job training for the lab staff and supported them on data entry and analysis. Major challenges were the low utilization of the cartridges because of weak logistic support for transporting samples to the labs.The logistics of sample movement was discussed with NTP and IHVN-PR for MDR TB GFATM will now be responsible for the sample movements. While TB ACRE I supported the printing of R&R tools .
					 29%			

4. PMDT			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
4.1 Improved treatment success of MDR	4.1.1	Renovation National Reference Laboratory	FHI	684,912	 30%	Aug	2012	Internal processes for kickstarting all procurements for NIMR were successfully completed within the reporting quarter. Review of purchase orders for HVAC equipment to align with review of HVAC installation design was undertaken and placement of purchase orders for HVAC equipment components was made. Procurement processes are underway. Lab equipment as well as reagents and consumables needed for the initial 3 months start up to be delivered to site once the Lab is fully renovated. Delivery and installation expected to be concluded by the consultants handling the project- Air Filters Maintenance services, South Africa on or before the 29th of September, 2012 .
	4.1.2	Renovation Zonal Reference Laboratory	FHI	260,000	 70%	Aug	2012	70% of renovation works done by the contractor but quality checks during routine monitoring visits necessitated the halting of further work until those observed gaps were addressed by the contractor within agreed contract terms. The issues are being addressed and completion is expected in August.
	4.1.3	Supplies ZRL	FHI	380,120	 30%	Aug	2012	All internal and external approval processes were initiated and concluded within the reporting quarter. Delivery date from suppliers - on or before the 9th of August, 2012. Likewise, Within the quarter, memo and budget were written and approved by senior management for purchase of Molecular lab equipments.
	4.1.4	Training ZRL	FHI	2,771	 0%	Sep	2012	These activities could not be conducted within this reporting period as they are dependent on the completion of all renovation works across the labs and treatment centers. Plans are in place to carry out the activity once the renovation works are completed in the next quarter.
	4.1.5	Supervision ZRL	FHI	15,588	 30%	Sep	2012	Currently, a total of 32 patients on MDR TB treatments (24, Lagos Mainland Hospital and 8 DLHMH, Calabar). During the quarter, contact address were generated into a spread sheet. Contacts of confirmed MDR TB patients on admission to be tracked next quarter using home addresses.
	4.1.6	Renovation MDR Treatment Centre (TC)	FHI	141,368	 30%	Aug	2012	Contractors were mobilized on site but speedy renovation works was disrupted by political/ religious violence witnessed in Kano State within the reporting quarter. Work progressing steadily. Expected completion date of renovation - 29th of August, 2012.
	4.1.7	Supplies MDR TC	FHI	26,667	 30%	Aug	2012	FHI 360 within the quarter has commenced processes for the supply of infection control materials such as N95 respirators, respiratory fitting apparatus e.t.c needed for control of TB infection in MDR TB sites. Receipt and delivery to site planned as soon as treatment services are activated in the facilities.
	4.1.8	Training MDR TC	FHI	171,071	 0%	Sep	2012	Training plans could not be actualised within this reporting quarter. Planned for next quarter
	4.1.9	Supervision MDR TC	FHI	37,584	 100%	Sep	2012	Refresher capacity building for 12 staff of DLHMH, Calabar and 5 staff of Lagos Mainland Hospital through exchange bench mark hands on training was successfully completed in the last reporting quarter (27th - 29th March, 2012). Those at the training were 3 Males and 14 females. The training served as an exchange visit for staff of both facilities who were taken to UCH, Ibadan. Training sessions were facilitated by Daimen foundation, Belgium. Continuous on site mentorship and supervision would be carried out to facility staff in ensuring quality MDR TB service provision. Similarly members of the TB CARE project team within the reporting quarter developed and submitted abstracts which were assessed and accepted. When all plans are concluded, the abstracts will be further developed for presentation at the 43rd Union World Conference on Lung Health, 13 - 17 November, 2012, Kuala Lumpur, Malaysia

	4.1.10	TA MDR	FHI	50,228		50%	Sep	2012	FHI 360 supported 2 Joint laboratory and clinical team meetings in the months of May and June, 2012, having 5 people in attendance: 4 M and 1 F. There were discussions on management of adverse drug reactions experienced by 6 patients currently on admission as well as the need to provide Television and other re-creational amenities. Also during the quarter, 5 mentorship and supervisory visits were undertaken by CO technical team to monitor MDR TB activities (patient care, civil works, electrical and other installations) in DLHMH, Calabar and UPTH P/Harcourt. List of DR TB suspects was reviewed and updated during mentorship and supervisory visits to DLHMH, Calabar. Concept on community MDR TB shared with senior management staff of the hospital. Likewise, issues related to provision of DSTV, Washing machine, television and other recreational amenities were raised by MDR TB patients currently on treatment during the visit to MH, Lagos.
	4.1.11	TA PMDT Network	KNCV	12,436		0%	Jul	2012	Planned end of August with Dr Victor, the NTP is currently working with
	4.1.12	Electronic reporting MDR	MSH	135,815		50%	Sep	2012	During the quarter a total of 26 persons (10 females and 16 males) from DR-TB treatment and diagnostic centres, NTBLCP and partners supporting the NTBLCP were trained on e-TB manager in a 4-day training workshop. The aim of the training was to develop the necessary human resources and set up the system for the piloting of e-TB manager in Nigeria. The trained personnel have since commenced the use of the web-based system for information management of DR-TB. Additionally, 6 mentoring visits were conducted to support health workers in the use of e-TB manager to UCH, Ibadan DR-TB treatment centre, Governemtn Chest hospital Ibadan DR-TB treatment centre, Mainland hospital Lagos DR-TB treatment centre, NIMR Lagos and Zankli Medical centre, Abuja and Lawrence Henshaw memorial hospital, Calabar. Following these visits, the centres have effectively commenced the use of the e-TB manager.
						35%			

6. Health Systems Strengthening			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
6.2 TB control components (drug supply and management, laboratories, community care,	6.1.1	Training L&M	MSH	98,109	 0%	Sep	2012	This training is planned for August/September in collaboration with NTBLTC Zaria for Local Government supervisors.
	6.1.2	Annual workplan meeting NTBLCP	KNCV	6,180	 0%	Sep	2012	Planned for 2nd week of September 2012, which is usually the planning period for the NTP.
					 0%			

7. M&E, OR and Surveillance			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
7.1 Strengthened TB surveillance	7.1.1	Supervision Coordination Meetings	KNCV	28,512	 50%	Sep	2012	Thus far two (2) of the meetings have held; one this quarter and one in the previous quarter. In attendance were all the partners supporting NTP, especially in the area of supervision. Issues discussed bordered on the standardization of checklist, reviewing previous reports and developing action points and identifying states in urgent needs of supervision .
	7.1.2	Mentoring visits	KNCV	49,067	 25%	May	2012	Five highly challenged states were visited (Niger, Delta, Ebonyi, Zamfara and Benue) during the quarter. The States teams were supported in data analysis, preparation for supervision & effective feedback, lab systems, strategies for increasing case detection especially among the tertiary institutions and LMIS. Next round of visits planned for August.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.2 Improved capacity of NTPs to analyze and use quality data for management of the TB program	7.2.1	National M&E Technical Working Group	KNCV	20,403	 50%	May	2012	The meeting of the M&E technical working group took place during the quarter. The objective of the meeting was to strengthen the M&E systems at all levels, improve the health information linkages mechanism between the NTP and partners and; to identify operational challenges for effective M&E and proffer solutions. As part of the activities during the meeting, updates were provided on the progress made in the deployment of the e-tb manager to sites. Likewise the findings of the DQA report earlier supported by TB CARE I was shared. As a follow on to the meeting the National Coordinator requested that the report of the DQA also be shared during the annual review meeting with control officers.
	7.2.2	Semi-annual Data Audit	KNCV	20,000	 0%	Aug	2012	Data audit planned for August 2012
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.3 Improved capacity of NTPs to perform operational research	7.3.1	Establishment National Research Committee	KNCV	20,267	 50%	Aug	2012	The OR committee team membership was reviewed by by the NTP to include persons from the academia and the committee made in preparation for the OR training schedule for 19th -27th July 2012. The 2nd meeting planned for August 2012.
	7.3.2	Establishment Internal Review Board NTBLCP	KNCV	896	 0%	May	2012	There is an existing FMOH National Health Research Ethics Committee that the project can use and therefore funds for this activities will be reprogrammed.
	7.3.3	Support Operational Research	KNCV	50,043	 25%	Jul	2012	A total of 16 participants were selected from different cadre of staff of the NTP (national & states), to attend the OR training which is scheduled to take place in July. Also other identified stakeholders such as members of the academia and partners supporting TB program were also invited for the training. As part of the preparation for the training, a needs assessment was conducted for all intending participants. Training commence 16th -27th July for 16 participants after which field activities
	7.3.4	TA OR	KNCV	53,596	 0%	Jul	2012	Ellen M & Eveline K scheduled to come by 16th -27th July.
					 25%			

APA 1 Activities Undertaken During the Quarter Jan-March 2012

Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
Increased TB case notification	1.1.1	Support National PPM Steering Committee (2)	WHO		50%	Aug	2012	The earlier date for the review of the National PPM guidelines and development of HDL SOPs had been postponed and venue changed as a result of security challenges in Lafia, Nasarawa state. The NTBLCP in conjunction with the leadership of the PPM committee has fixed a new date which is planned for 30 July to 3rd August 2012 in Abuja. After the review then the PPM committee meeting will hold in August 2012
	1.1.2	Support State PPM Steering Committee (2)	WHO		50%	Mar	2012	A total of 5 PPM committee meetings took place during the quarter, 2012 in Bauchi, Borno, Kaduna, Oyo and Rivers states. Highlight of the key issues discussed include refresher training for the DOTS as well as laboratory focal persons, low case detection from PPM facilities, development of workplan for the committees, ensuring proper documentation of information about registered TB patients and expanding PPM DOTS to additional private health and laboratory facilities.
	1.1.3	Support HDL Meetings (6 hospitals)	WHO		90%	May	2012	The 4th quarter 2011 HDL meetings were held during the 2nd quarter 2012 in 6 of the designated HDL facilities. Key issues discussed included ensuring membership of constituted hospital HDL committees included all relevant stakeholders, disseminate information on the availability of DOTS services in the hospitals, linking up every AFB microscopy laboratory to the National TB lab network in the country.
	1.1.4	Develop SOPs for implementation of HDL activities	WHO		0%	May	2012	The earlier date for the review of the National PPM guidelines and development of HDL SOPs had been postponed and venue changed as a result of security changes in Lafia, Nasarawa state. The NTBLCP in conjunction with the leadership of the PPM committee has fixed a new date which is planned for 30 July to 3rd August 2012. After the review then the PPM committee meeting will hold in August 2012
	1.1.7	Advocacy visits to selected states (TB Outreach)	WHO		100%	Jun	2012	Advocacy visits for the remaining 2 states (Delta and Rivers) was carried out to community leaders including religious leaders, women, youth and representatives of Faith Based Organizations. The visit solicited the support of the community leaders for the implementation of TB in their
	1.1.8	Sensitization/training community/religious leaders (TB Outreach)	WHO		100%	Jun	2012	Sensitization and orientation of the community leaders was conducted in the 2 states following the advocacy visits. Participants included women, youth groups as well as religious leaders from 5 communities which include Elele, Omuanwa, Isiokpo, Aluu and Igwuruta. A total of 53 (38 males and 15 females) were sensitized and orientated on TB control in
	1.1.9	Training GHWs (TB Outreach)	WHO		100%	Jun	2012	The TB Out Reach Campaigns in the remaining 2 states (Delta and Rivers) were held. During the day of the programme, general health
	1.1.10	Develop/print cultural specific IEC materials (TB Outreach)	WHO		100%	Jun	2012	These are materials were developed in conjunction with the development of Advocacy Toolkits. However, they are yet to be printed as the documents together with the reviewed National ASCM guidelines are still with the national programme for editing and formatting.
	1.1.11	Conduct TB Outreach Campaigns	WHO		100%	Jun	2012	Following the orientation of both the community leaders and community health workers, TB outreach campaigns would be conducted by the community leaders within their communities and persons suspected of having tuberculosis would be referred to the health facilities for diagnosis and treatment of tuberculosis.

	1.1.12	Advocacy visits to tertiary institutions (HDL)	WHO		90%	Jun	2012	Three out of the 4 remaining HDL advocacy and workshops were held during the quarter, 2012. These are Usman Danfodio University Teaching Hospital (UDUTH), University of Benin Teaching Hospital (UBTH), Benin and University of Uyo Teaching hospital, Uyo. Participants for the advocacy and orientation workshop included the heads of all the departments of the hospital viz:-Internal Medicine, Community Medicine, Paediatrics, Obstetrics and Gynaecology, Surgery, Orthopaedics and Tramatology, Pharmacy, Nursing and General administration. A total of 42 Heads of departments participated in the advocacy meeting. 14 (2 males and 12 females consultants and resident doctors including nurses and community extension workers (CHEWS) were orientated on HDL strategy. Key outcomes of the advocacy meeting include improving communication between the state programme and the institutions, feedback on TB data should be shared with the institutions, TB patients diagnosed by the clinicians including paediatric patients to be accepted by the programme staff irrespective of sputum AFB results, adequate drug and commodity supplies to be made available to the centres, placement of GeneXpert machines in the institutions to enhance diagnosis of drug-resistant tuberculosis and provision of DOTS directory of the respective states at the HDL facilities.
	1.1.13	Conduct HDL workshop in tertiary institutions (HDL)	WHO		90%	May	2012	see report of activity 1.1.12 above.
	1.1.15	Support HDL Meetings (HDL)	WHO		50%	Aug	2012	This activity for the newly established HDL facilities would be followed up in the 3rd Quarter
Increased number of TB suspects referred by community volunteers in selected LGAs	1.2.1	Organize expert meeting to review National CTBC Guidelines/SOPs for referral	WHO		100%	June	2012	The finalized CTBC guidelines were further reviewed by a team of representatives from WHO, FHI, Maryland Global Initiative Corporation (MGIC), NTBLTC, Zaria, and the NTBLCP central unit on the 14-15 June 2012. Key components of the guidelines reviewed included comprehensive list of participating stakeholders, management structure and technical line of supervision of the CTBC model in Nigeria
	1.2.2	Print new CTBC Guidelines/SOPs for referral	WHO		50%	May	2012	The new finalized CTBC guidelines have undergone editing and formatting. The finished product has also been circulated for additional inputs from all key stakeholders. Afterwards the guidelines will be printed.
	1.2.13	Conduct community dialogue with community and religious leaders (CTBC)	WHO		100%	June	2012	During the advocacy visits to the community and religious leaders, community dialogue was conducted among the different community groups. The advocacy was aimed at sensitization of the religious and community leaders on TB outreach campaigns as well as to mobilize the support of the community in supporting CTBC.
	1.2.14	Build capacity of CBOs/CSOs registered with TB Network	WHO		0%	July	2012	This activity was postponed to Q3, 2012. Planned with the NTBLCP focal point. Planned to hold on 11-13 July 2012
	1.2.15	Orientation Community Health Workers	WHO		0%	May	2012	Same as activity 1.1.7
	1.2.16	QMs community and religious leaders	WHO		0%	Aug	2012	This activity will now take place during Q3, 2012 after building capacity of CBOs/CSOs working in the selected communities. Planned to hold on 20-24 August 2012

	1.2.5	Support monthly CTBC meetings at LGA level	FHI		100%	Mar	2012	4 CTBC meetings held in AMAC, Bauchi and Udi LGAs to track program performance and also keep stakeholders at LGA and Community levels abreast of happenings at CTBC sites within the LGAs. Specific issues discussed in Udi and AMAC LGA included the need for payment of monthly stipends to community volunteers which was suspended for a long period to cushion the logistic challenges faced by volunteers in carrying out their roles and responsibilities within the catchment communities. In Bauchi and Kachia LGAs, progress made in the implementation of community TB care between month of January and March, 2012 was discussed; roles of the all stakeholders; LG health management committee, health care workers, TBL supervisor, CBOs and the community Volunteers that are pertinent in the achievement of the expectation of the project were also highlighted.
	1.2.6	Support monthly monitoring of CTBC activities in 4 LGAs(M&E)	FHI	29,617	100%	Mar	2012	Monthly M&E meetings took place in Udi LGA on 9th May & 7th June, 2012 where M&E focal persons from the supported health facilities were re-oriented on capturing routine general service data. Plans are in place to ensure monthly M&E meetings for the next quarter hold across all supported LGAs as well as ensuring participation of LGA/facility M&E focal persons. Entering and supervisory visits was conducted in Kachia LGA jointly with TBLS to ensure proper recording and documentation of CTBC activities by CVs within the catchment communities.
	1.2.7	Support agreements with LGAs	FHI		75%	Jun	2012	Process of engagement of CBOs completed in 13 LGAs with sub agreements executed with 8 umbrella CBOs. Conclusion of engagement process of 2 more umbrella CBOs. Continuous advocacy and mobilization exercise to key stakeholders towards project ownership and sustainability, monthly CBO/CV meetings, training of CVs, monitoring and supervision of CV activities, CV home visits, facilitate routine data collection and referral activities.
	1.2.8	Organize TOT for TB FP of TB Network	KNCV		100%	Apr	2012	Completed, the TB Network now has an organizational plan and a draft constitution.
	1.2.11	Support CTBC referral network	FHI		100%	Mar	2012	Existing referral network was strengthened through distribution of R&E tools during the monthly CVCBO meetings as well as provision of mentorship on proper documentation
	1.3.5	Organize quarterly supervision coordination meetings	KNCV		100%	Apr	2012	This activity is continuous in APA2.
Increased access to culture and DST	2.3.2	Support quarterly supervision NRLs to ZRLs	WHO		50%	Jun	2012	The follow up supervision visit to the zonal reference laboratories will now take place in 3rd quarter 2012.
	2.3.3	Support TA by SNRL	WHO		100%	Mar	2012	The SNRL sent new additional panels to the country to be distributed to the National Reference Laboratories including Zankli Medical Centre, Abuja and Calabar during the reporting quarter.
Increased Access to MDR Diagnosis	4.1.4	Installation GeneXpert and back up power supply	KNCV		100%	Apr	2012	Completed for initial 9 machines
	4.1.6	Training/supervision staff on GeneXpert	KNCV		100%	Apr	2012	All sites had their staff trained, the last within the quarter was Kano IDH hospital.
Increased Access to MDR Treatment	4.2.1	Upgrade MDR Treatment Centre	FHI		100%	Mar	2012	With the approval of TB CARE 2 workplan and budget on 29th Feb, procurement process for a contractor to carry out Phase II renovations commenced. BOQs were reviewed and negotiations are on-going.

	4.2.2	Training state program staff on clinical and PMDT	WHO		100%	Apr	2012	The state programme officers retreat was supported during the period from 26-27 April 2012 in Ijebu-Ode, Ogun state. During the period, the state programme managers including representatives of the NTBLCP, WHO, Institute of Human Virology (IHVN), Family Health International (FHI) 360, International anti-Leprosy Federation (ILEP) partners, Association for Reproductive and Family Health (ARFH) and Health Alive Foundation (HAF) were orientated on clinical as well as programmatic management of DR-TB. Highlights of the key issues deliberated upon include:- 1. Identification of drug resistant suspects should be based on the National guideline on clinical and programmatic management of drug-resistance in Nigeria; 2. Step by step review and streamlining of access to diagnosis: sputum collection; storage and transportation of sputum samples; feedback of laboratory results and reporting of results (summary data at facility, LGA and State levels); 3. Coordination of access of confirmed DR-TB patients to treatment at designated treatment centres. Ensuring a functional interface between institutional clinical and community management of patients was also highlighted; 4. All symptomatic contacts of confirmed DR-TB patients must be screened; 5. The NTBLCP was requested to put place a mechanism of providing appropriate orientation/training for all facility and community health workers that will be involved in providing care for DR-TB patients
Improved TB Service Delivery	6.1.6	Meeting to develop HMIS Tools and Database	KNCV		100%	Apr	2012	The HMIS tools have been developed, the tools were pre-tested and finalised in May. The NTP is currently sending them to state programme managers to complete for 2nd quarter.
	7.1.3	Conduct semi-annual data audit in selected states	KNCV		100%	Mar	2012	The NTBLCP with support from TBCARE I conducted data quality assessments in five randomly selected states of Imo, Delta, Kogi, Adamawa and Oyo states from August 22- September 29th 2011. The objectives were to a) Conduct a rapid system assessment; b) verify the quality of reported data for selected indicators; c) verify the capacity of information system to collect, manage and report quality data and; to develop action plans to strengthen the data management and reporting system. Findings from the DQA showed under reporting of indicators accounting for the sub optimal reporting of the indicators; inability to conduct assessment on some indicator was also noted as a challenge. Recommendations made include the need to entrench RDQA into the state and LGA M&E system to strengthen the system and ensure reliable TB data at all levels

APA 1

78%

Quarterly MDR-TB Report

Country	Nigeria OP
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Period	April-June 2012
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MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment
Jan-Dec 2010		23
Jan-Sep 2011		
Oct-Dec 2011		
Total 2011	92	61
Jan-Mar 2012	54	12
Apr-Jun 2012		
To date in 2012	54	12

Quarterly GeneXpert Report

Country	Nigeria OP	Period	April-June 2012
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Table 1: TB CARE I-funded GeneXpert instruments and cartridges procured or planned by quarter

	Procured			# still planned for procurement in APA 2	Month, Year procurement planned (i.e. April 2012)
	Jan-Dec 2011	Jan-Jun 2012	Cumulative Total		
# GeneXpert Instruments	9		9	6	Apr-12
# Cartridges	7600		7600	7500	May-12

Table 2: Cumulative List of GeneXpert Instruments Procured to Date or Planned in the Next Quarter

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Instrument	# of Modules (1, 2, 4, or 16)	Location(s) (facility name & city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Partner/ Implementing Organization; Additional Comments
Procured	1	4	NIMR Lagos	TBCAP USAID	PMU
Procured	2	4	NTBLTC Zaria	TBCAP USAID	PMU
Procured	3	4	Mainland Hospital Lagos	TBCAP USAID	PMU
Procured	4	4	Central Hospital Benin	TBCAP USAID	PMU
Procured	5	4	St. Francis Hospital Abakaliki	FY11 USAID	KNCV
Procured	6	4	Gombe Specialist Hospital	FY11 USAID	KNCV
Procured	7	4	Zankli Medical Centre	FY11 USAID	KNCV
Procured	8	4	Jericho Chest Hospital Ibadan	FY11 USAID	KNCV (to be installed)
Procured	9	4	Infectious Disease Hospital Kano	FY11 USAID	KNCV (to be installed)

Planned	10	4	TBD	FY12 USAID	KNCV (to be installed)
Planned	11	4	TBD	FY12 USAID	KNCV (to be installed)
Planned	12	4	TBD	FY12 USAID	KNCV (to be installed)
Planned	13	4	TBD	FY12 USAID	KNCV (to be installed)
Planned	14	4	TBD	FY12 USAID	KNCV (to be installed)
Planned	15	4	TBD	FY12 USAID	KNCV (to be installed)

¹ Differentiating between PEPFAR and USAID-funded is important. If it is PEPFAR funded, specify the fiscal year (i.e. FY2011).
Add rows if there are more than 8 instruments in total.

Table 3: Cumulative Xpert MTB/RIF Cartridges Procured to Date or Planned for Next Quarter

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Order #	# of Cartridges*	Location(s) (facility name and city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Comments
Procured	1	1000		FY11 USAID	
Procured	2	200		TBCAP USAID	
Procured	3	6400		TBCAP USAID	The consignment was split in 2 batches: 3520 and 2880. The first batch has arrived in country.
Procured	4	7500		FY11 USAID	
Ordered	5			FY12 USAID	

*There are 10 cartridges per kit, but we need the total # of **cartridges** (not kits)
Add an additional row for every procurement order of cartridges

Any additional information/clarifications to the above (optional)

Nigeria was selected for the Pilot Project on Rapid Expansion of GeneXpert implementation and as such the efforts of the country were combined with support from PMU. In total 9 machines were procured. To date 9 machines have been installed.

Please provide a brief description of any significant problems encountered in use of the GeneXpert machine(s) and Xpert MTB/RIF cartridges

The security situation did not allow initial installation of the GeneXpert machine in one of the selected sites. At the time of reporting this has been solved and the machine has been installed in the Infectious Disease Hospital in Kano.

Please describe technical assistance or evaluation of implementation activities performed and planned

TBCARE I Nigeria had a GeneXpert TA Visit by Manuela Rehr and Sanne van Kampen from the Project Management Unit in The Hague. The team visited three sites where GeneXpert machines had been installed in the previous quarter: Mainland Hospital, Nigerian Institute of Medical Research and Jericho Chest Hospital. The main findings of the visit were: 1) Well developed training curriculum and materials 2) The clinical training of the DOTS Focal Persons was insufficient 3) Inadequate human resources in Mainland 4) Problems with uninterrupted power supply - maintenance of generators 5) Inadequate number of DR-TB Recording and Reporting formats available at the clinics. The next steps agreed upon were: 1) Clinical training to be organized as soon as possible 2) DOTS Clinic will be the entry point for testing suspects 3) Expansion to include testing of HIV+ clients for TB 4) Revision supervisory checklist 5) Follow up monitoring and evaluation visits to all sites.

Quarterly Photos (as well as tables, charts and other relevant materials)

“The patients belong to them”

Atolu community and other areas in Ona-Ara Local Government Area of Oyo State are not new to community TB Care (CTBC) activities as the community had previously implemented CTBC in 2009 under another NGO. PLAN however in 2011 commenced CTBC activities in 10 wards with 10 community volunteers (CVs). Some of the CVs are market traders, patent medicine vendors and community leaders among others. In the words of one of the CVs, Nurudeen Hamzat; “when patients come to me with repeated cough, I refer to the DOTS unit...” which according to PLAN makes him one of the most ‘active’ CVs a situation which necessitated his recognition during the last stakeholders meeting held with community and religious leaders, partners, civil society organizations, government representatives and other community stakeholders in Ibadan. Activities embarked on by the Community Volunteers consist of targeted outreaches to markets, churches, mosques and other social gatherings with the aim of referring any suspect to the DOTS Clinic at Atolu PHC in Ona-Ara Local Government Area of Oyo State. When asked what they tell people during the outreaches the CVs mentioned the clinical symptoms of TB and additionally that, “...we tell the people that TB service is free....” . In testifying to the good work of the CV’s in the community, the TBLS for Ona-Ara Local Government Area, Mrs Odeniyi affirmed that “not only have the CVs contributed to my case finding but they have also assisted in bringing down my default rate from 10% to zero%” and this according to her is simply because “....the patients belong to the CVs...” Currently about 8 patients are being managed by CVs at the time of the visit. The CVs are not resting on the oars and content with the little support they are receiving from TB CARE I but have also embarked on making government responsive to the needs of the people and making demands of the elected chairman in Ona-Ara LGA by writing a letter soliciting his support for the procurement of motorcycles, mega phones, banners and information, education and communication materials which will aid their outreach activities in the communities. Only time would tell if the CV’s eventually receive the support.



Mrs Odeniyi showing a poster used during outreaches



Meeting with the CVs in Ona-Ara Local Government Area